



COUNTY OF NASSAU  
OFFICE OF THE TREASURER  
HOTEL AND MOTEL TAX REMITTANCE FORM

(PURSUANT TO CHAPTER 511 OF THE LAWS OF 1994 AS AMENDED BY CHAPTER 179 OF THE LAWS OF 2000)

NAME OF HOTEL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NYS Sales Tax Identification No. \_\_\_\_\_  
**Please Note:** This Return must be filed whether or not there is tax to be remitted.

\_\_\_\_\_  
PAYMENT SCHEDULE

QUARTERLY PAYMENT	DUE ON OR BEFORE
<input type="checkbox"/> JANUARY 1 - MARCH 31	MAY 1
<input type="checkbox"/> APRIL 1 - JUNE 30	AUGUST 1
<input type="checkbox"/> JULY 1 - SEPTEMBER 30	NOVEMBER 1
<input type="checkbox"/> OCTOBER 1 - DECEMBER 31	FEBRUARY 1

COMPUTATION OF TAX

1.	Gross income from Occupancy of Rooms	_____	\$ _____
2.	Less: Income from exempted rentals	_____	_____
3.	Net Taxable Room Rentals	_____	_____
4.	County Occupancy Tax Due (3% of Line 3)	_____	_____
5. *	Less: Refunds or other credits	_____	_____
6. **	Penalties and Interest	_____	_____
7	TOTAL OCCUPANCY TAX DUE	_____	\$ _____

\* Please attach a written explanation or schedule of any exempted income claimed and of any refunds or credits claimed.

\*\* File this return with your remittance for the amount of tax due for the reporting period, on or before the due date ( see schedule above), to avoid imposition of penalties and interest, i.e., 5% penalty for late payment; also, 1% Interest for each month or fraction thereof that payment is delinquent.

Make remittance payable to and mail return to: Nassau County Treasurer  
240 Old Country Road  
Mineola, N.Y. 11501

CERTIFICATION OF TAXPAYER: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Date: \_\_\_\_\_

Signature (Agent, Officer, etc.) \_\_\_\_\_

Title: \_\_\_\_\_

(revised 4/2/01)